California Health Policy and Data Advisory Commission
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Minutes
Health Data and Public Information Committee
January 15, 2008

The meeting was called to order by Retiring Committee Chair, Howard Harris, at 9:40 a.m. in Room 317, 400 R Street, Sacramento, California.

Present:	Absent:
Marjorie Fine, Chair	Santiago Muñoz
Howard Harris, Retiring Chair	Lark Galloway-Gilliam
Jacquelyn Paige	Catherine Nichol
Darryl Nixon	Jay R. Benson
Jan Meisels Allen	Stephen Clark
Pamela Lane	Vickie Elli
Denise M. Hunt	Debra Lowry
Lisa Simonson Maiuro	

CHPDAC Staff: Kathleen Maestas, Acting Executive Director; Terrence Nolan, Office Manager

OSHPD Staff: David M. Carlisle, MD, PhD, Director; Elizabeth Wied, Chief Legal Counsel; Beth Herse, Staff Counsel; Michael Rodrian, Deputy Director, Healthcare Information Division; Jonathan Teague, Manager, Healthcare Information Resources Center; Joseph Parker, PhD, Director, Healthcare Outcomes Center; Candace Diamond, Manager, Patient Data Section; Starla Ledbetter, Data Projects Manager; Ginger Cox, Data Standards Coordinator; Rob Fox, Manager, Patient Data Section; Dorian Rodriguez, Research Program Specialist

Also Present: Annie Parks, MSW, Community Health Councils, Inc

Approval of Minutes: Committee member Nixon moved to approve the minutes from the September, 2007 HDPIC meeting and Committee member Hunt seconded. The minutes were approved.

Future Meeting Dates:

The Committee selected the following dates for the next three meetings: May 13, 2008; September 16, 2008; November 13, 2008.

Changes to Membership: Dr. Harris announced that he was stepping down as HDPIC Chairperson and that Dr. Marjorie Fine would be assuming that role. Dr. Harris also stated that he would be resigning his position as Commissioner on the California Health Policy and Data Advisory Commission (CHPDAC).

Dr. Marjorie Fine introduced herself and stated that she is currently a practicing general surgeon in Santa Monica. Dr. Fine has served as a Commissioner on the California Health Policy and Data Advisory Commission for the last six years as well as serving as Chair on various hospital committees.

CHPDAC Report: Acting Executive Director, Kathleen Maestas read a letter from CHPDAC Chairperson Vito Genna expressing his appreciation for Dr. Harris' work as Chairperson and welcoming Dr. Fine to the position of HDPIC Chair. Acting Executive Director Maestas continued with a brief overview of the past several meetings of the CHPDAC and TAC, the most salient points being the criticism of the Office with regard to timely reporting, and the passage of the proposal to amend the discharge data regulations to reflect the present on admission indicator (POA) to bring California reporting standards in line with the National reporting standards. The Commission voted unanimously to recommend the Office adopt the proposed amendment as presented by staff.

Legislative Update: Patrick Sullivan, Assistant Director, Legislative and Public Affairs

The third California Coronary Artery Bypass Graft Surgery (CABG) report was released this January and received very good press coverage and the Hospital Fair Pricing program will be issuing a press release mid January.

Following up on the remarks of Acting Executive Director Maestas, the criticism of the Office was picked up by LA Times journalist Gordon Rowe and at the beginning of December he wrote an article on the lack of timeliness in reporting from the Office. The article was not positive. In response, Charles Ornstein, one of California's best journalists, and also with the LA Times, requested a meeting with the Office; Michael Rodrian and his staff, to go over OSHPD's data collection. The Office is looking forward to working with Charles Ornstein.

Legislators went back into session last Monday, and are wrapping up business in anticipation of new legislation being introduced in February. This last year the Governor did sign two pieces of legislation that impact OSHPD including:

- SB 306, by Senator Ducheny, provides extensions on seismic retrofit for hospitals that have financial difficulty and phased review process to help hospitals streamline getting their construction project through OSHPD's Facility Development Division.
- SB 139, by Senator Scott, creates a Healthcare Workforce Clearinghouse. The clearinghouse, to be administered by the Office of Statewide Health Planning and Development (OSHPD), will serve as the central source of healthcare workforce data in California. OSHPD will collect, analyze, and distribute information on educational and employment trends for healthcare occupations in the State. This

will give policymakers a better understanding of healthcare professions and education in meeting future needs.

With regard to Healthcare Reform, the biggest event so far has been the passage by the Assembly of Senator Nuñez ABX1 1, which is currently scheduled to be heard in the Senate next Wednesday.

In other Office news, Dr. Parker is working on getting out the next CABG report with the goal of a late 2008 release. This will be a surgeon-specific as well as hospital-specific report. Two very important findings in the recent CABG report were:

- Inclusion of report of internal mammary artery utilization which is a process measure having nothing to do with thirty-day mortality from the surgery. If a patient is having the surgery, they want the internal mammary artery to be used as the conduits for the bypass because it is associated with long term success of the bypass by 5, 8, 10 years out from surgery. OSHPD noted years back that the use of internal mammary artery was relatively low; the current report has this figure up to 90 percent of facilities using internal mammary artery and the Office feels this is directly related to the impetus provided by the previous CABG reports.

- A continued lack of association of death rate from CABG surgery and volume among the practitioners. Many people focus on volume/outcome relationship, but what this says is that the proxy representation of the volume/outcome relationship should never be used as a substitute for a well designed risk-adjusted report. OSHPD is seeing in the State of California very little association of the volume of a procedure that a facility does and the outcomes.

OSHPD Report: David M. Carlisle, MD, PhD, Director, OSHPD

Director Carlisle stated that ABX1 1, substantially implements the Governor's healthcare reform proposal. For OSHPD specifically, ABX1 1 underscores the role of the Office in not only collecting and disseminating data and information about healthcare in the State of California, but also analyzing that data and reporting outcomes studies. In fact, OSHPD's role in this area would be expanded considerably. Under ABX1 1, OSHPD would be asked to expand our horizons and do more than just outcomes reports. It does create an advisory committee that would advise the Health and Human Services Agency Secretary about healthcare data and outcomes reporting for California. This would function in a similar way that the CHPDAC functions at the present time. The Secretary would then have the ability to decide how to implement the advice of that committee. "I am comforted as Director, to see the configuration as proposed under ABX1 1, because I think it is probably the best idea structure for getting information out to people who can benefit from it. This is very different from what you may have heard me voice earlier in response to other types of legislation, but we are pleased with how ABX1 1 is configured as far as the Office and healthcare information are concerned."

The State is facing a sizable budget deficit and the Governor has asked for a 10 percent across-the-board cut in General Fund expenditures in the State of California. The

across-the-board approach differs from the historical approach of addressing budget deficits, and will mean that every General Fund program is required to incorporate a reduction in expenditures even in programs that have historically not been asked such as Corrections and Rehabilitation. OSHPD's role is relatively minor as there are only two general funded programs; the Song-Brown program and the Nursing Education Repayment program.

Patient Data Section Manager, Candace Diamond, presented a review of the Proposal to amend patient-level data program regulations to add the data element "Principal Language Spoken" and to make one clean-up change. The Office proposes to add two new sections to Title 22 to require the reporting of Principal Language Spoken, one applicable to hospital in-patient discharge data reporting and one applicable to emergency care and ambulatory surgery reporting. The Office also proposes an un-related clean-up change to delete a sentence from section 97241 that provides outdated information about the severity of certain facility notices through MIRCal. The Office is requesting that the Committee recommend that the CHPDAC should advise the Office to adopt the proposed regulatory changes. Manager Diamond stated that the regulations as presented includes "a" in which 30 languages are listed, "b" in which a patient's language that is not on the list could be entered and "c" where 999 may be entered if the Principal Language Spoken is not known.

After Manager Diamond's presentation, new Committee member Pamela Lane offered the observation that it might be easier for those collecting the information and those reporting the information that languages entered in "b" should be given a three digit code lead-in that indicated this was "other" than the 30 languages listed in "a." From the perspective of analyzing the data it might be easier to be able to count how many are "other" to see how many are falling out of the norm.

Deputy Director Michael Rodrian stated that on the data collection side, to stay consistent with the National Standards it would be better to handle this change in "b" rather than putting another code in "a".

Manager Diamond stated that another possibility to languages considered "other" might be in the Office's outreach and education; staff can reinforce very clearly that if there is any other choice that is what the pretext field is for.

Committee member Jan Meisels Allen made the motion, "<u>That the Committee proposes to make a recommendation to CHPDAC for the Office to approve the proposed patient data reporting requirement for Title 22, Division 7, Chapter 10, Article 8, as written with the consideration of, in section 97234, subparagraph "b", to include the word "other" in the language.</u>" Committee member Jan Meisels Allen then amended the motion to include "<u>and section 97267, subparagraph "b", to consider the word "other" in the wording</u>." Committee member Pamela Lane seconded the motion." The Committee voted unanimously to approve the motion.

<u>Possible Additions to Patient Level Data Sets</u>: Starla Ledbetter, Data Projects Manager

Manager Ledbetter presented the Committee with a handout covering the draft version of the "Data Element Definitions Document." The document started with a section called General Definitions which included definitions that apply to all the data elements being considered. For example, Admission, where "we are talking about time of collection of lab values, you have to define time of admission to determine time of collection." Other sections in the draft document include: Laboratory Tests (Inpatient); Vital Signs (Inpatient); and Other Data Elements. Under Other Data Elements, the Operating Physician and Patient Address are being considered for all three data types: the inpatient, emergency department and ambulatory surgery.

Comments and suggestions are welcome on all areas of the document, but areas that are italicized are specifically designated as open for comments or suggestions. For example, AST, SGOT, in the Time of Collection column, "*first lab test within 24 hours of admission*" as well as, in the "Location" column, "*all inpatients*," are areas open to comments or suggestions.

Director Carlisle added that the time of collection is a very important distinction because a person who registers in the emergency room before a decision on admission is made may have an SGOT result that is high, and then another SGOT taken after admission could be lower. "You would want to capture the lab value taken in the emergency room that was higher because that predicates the severity of the patient. Similarly, a clinic based lab value might be the sentinel value related to that admission and by the time that patient is transferred and admitted, through prior treatment administered, that value may have normalized. So you would want to capture that lab value from the clinic which is the actual value that prompted the admission and defined the patient as an inpatient in the minds of the caregivers. So these are all subtleties that OSHPD is trying to capture in this definition."

Chairperson Fine added that, "The delay time from presentation to registration desk until you are officially admitted may also have to do with the availability of beds. Many of our emergency departments are de facto ICUs. So people may spend a day or more in the emergency room having all their critical lab values normalized. And if you were then to take the admission order time, everything would look perfectly normal. You would never know how sick they really were. So I think the inpatient order is a poor timing for documentation of when the patient was actually admitted. I think registration is a much better time and even that may not capture all of your data appropriately. Because if it is an outpatient facility that draws the critical lab, that may not be part of your system and may never get documented in the record other than dictation by the admitting doctor stating that this abnormal lab prompted the admission. It will not become an electronic data element ever in your record, but it is better than using inpatient order time which is not commonly documented either."

Manager Ledbetter stated that Chairperson Fine's comment addresses the difficulty in trying to clarify "*first lab test within 24 hours of admission.*" Ideally this would represent a window of 24 hours around the time of admission or registration, so that would allow for labs that were drawn in the ED.

Manager Ledbetter continued with the "Location" column and stated that with "*all inpatients*", OSHPD needs to decide whether that means all inpatients or limit it to general acute care. From preliminary discussions with hospitals it has been suggested that it would be easier to report on all inpatients as opposed to picking certain groups or excluding certain groups. That would be another area that staff is looking for further input.

For the "Units of Measures" column, staff has discovered that conventional units are used more often than international units and staff is currently in the process of identifying which particular measures are used for each of the data elements. For example, with regard to Prothrombin Time and International Normalized Ratio, staff are looking into which would be the better test measure to capture. The International Normalized Ratio is the standardized variable across the globe, therefore that might be the easier test measure to go with.

One interesting result of all the inquiries that have been made into the various lab values by staff is that staff learned that depending on the type of equipment used or the chemicals used to analyze these values, they have different normal ranges. Hospital "a" may have a different normal range from hospital "b" and "c," so staff is looking at how to capture the value with some meaning that can be attached to the various ranges. Another decision staff is investigating is using hemoglobin or hematocrit. Which is the better value to report? Some hospitals use Fahrenheit and some use Celsius. Staff are considering accepting either one, with the indication of which unit of measure was used. Staff would entertain any feedback on any of these issues.

Chairperson Fine commented, "Again, the initial reading on admission may not indicate what has happened. Commonly the patient will have been treated for the fever, maybe they were in a doctor's office with a temperature of 104, given Tylenol or aspirin, and on admission they do not have the high temperature anymore. But this does not mean they are not ill."

Dr. Parker stated that Chairperson Fine raised an excellent point regarding when patients are seen or treated on an outpatient basis prior to admission and there are lab values resulting from that which are not necessarily part of the hospital admission. How do you define admission such that those are allowable values? There is no easy answer.

On the last page of the draft document, Operating Physician is being considered by staff to ascertain which procedures OSHPD would want to capture the Physician ID. For example, specific procedures or only principal procedures, and how we would identify the physician, using the National Provider ID, the License number assigned by the Medical Board of California of the Department of Consumer Affairs, first name, middle initial, and last name or a combination of those.

Staff are doing on-site visits and based on information OSHPD gets back, the draft document will be revised as well as the survey form being used. Then these will be sent out to all facilities in California so they have a chance to provide feedback. This is all before any regulations are to be written. So OSHPD is still in the information gathering

phase. Manager Ledbetter stated that at the next HDPIC meeting staff will present a summary of all the suggestions that have been received regarding the data element definitions.

Chairperson Fine asked if staff were anticipating completion of the definitions by December. Deputy Director Rodrian said, "That is the goal. If we think we need to revise that, we will keep you apprised."

Chairperson Fine stated that there is another Federal document that will be required that may supersede some of these data elements and asked if there was any additional information on that document. Deputy Director Rodrian stated that staff would follow-up on that question.

Report from Healthcare Information Division (HID): Michael Rodrian, Deputy Director

- The OSHPD website has been redesigned and the recently completed Hospital Fair Pricing site has been added.

- In preparing for the meeting with LA Times reporter, Charles Ornstein, it has been noted that a lot of reports that are done in other states regarding hospitals and hospital care use unpublished OSHPD data. It turns out that many reports are also prepared using data from licensing and certification operations in other states.

Report on National Association of Health Data Organizations (NAHDO): Jonathan Teague, Manager, Healthcare Information Resource Center (HIRC)

Background on NAHDO:

- Longstanding OSHPD involvement as a member (state data organization)
- Sponsors meetings featuring the latest developments in the collection and use of health care data
- Goals to improve health care cost, quality, and access
- National meetings on implementation and policy issues to promote the use of health care administrative data

The core constituency of NAHDO are individuals who "really get into the nitty-gritty of administrative data, and how it is collected and how it is used." The target audience is manifold, including: providers, policymakers, payers, purchasers/employers, health services researchers/academic medicine, nursing, public health and epidemiology, federal officials and consumer and advocacy groups. OSHPD was heavily represented at the meeting. There were approximately 22 staff managers in attendance and OSHPD also had an exhibit booth.

The pre-conference meeting was focused on technical implementation issues surrounding a variety of matters, such as how do you define admissions, link data, and construct higher value data sets and other topics of interest. There was also a lot of talk about clinical data.

The conference covered a wide variety of topics from pay for performance/value purchasing and reporting health care data for performance to quality improvement and policy evaluation. OSHPD made three major presentations:

- Enhancing Discharge Data for Quality and Public Health—Joseph P. Parker
- Present on Admission Implementation Issues—Starla Ledbetter
- Risk of Mortality and Inpatient Admission for Medical Procedures Performed in Ambulatory Surgery Centers, California, 2005—Mary Tran

Dr. Carlisle was presented with the Elliot Stone Award of Excellence in Health Data Leadership. This award recognizes individuals whose creative efforts have made outstanding contributions to improvements in the collection, application, and/or dissemination of health data.

Presentation on History of E-code Reporting and Codes Excluded From Reporting: Starla Ledbetter, Data Manager and Ginger Cox, Data Standards Coordinator

E-codes are:

- Supplemental classification of the ICD-9-CM
- E-Codes capture cause, intent and place
- Provide significant data for research and evaluation of injury prevention strategies

OSHPD began collecting E-Codes in July 1990. The original proposed regulations included the full range of E-Codes, but regulations were revised through the public hearing process and the current regulations do not mandate the reporting of "misadventures and abnormal reaction" E Codes (E870-E879). Facilities may report on "misadventures and abnormal reaction" E Codes but they are not required to do so.

Misadventures includes E870-E876 which range from accidental cut, foreign body left in body during a procedure, to contaminated or infected blood or biological substance.

Abnormal Reaction includes E878 and E879 which range from surgical operation and other surgical procedures as the cause of abnormal reaction of patient, or later complication without mention of misadventure, to other procedures, without mention of misadventures at the time of the procedure, as the cause of abnormal reaction of patient, or of later complication.

CMS and CDC have termed "Never Events" as serious preventable events which encompass conditions which should not occur during the inpatient stay such as hospital falls, and surgery on wrong body part, patient, or wrong surgery.

The CMS and CDC have outlined some possible uses of Misadventure E Codes with respect to "Never Events" including:

- Object left in during surgery

- Blood incompatibility
- Staph infections from infusion
- Vascular catheter-associated infections
- Air embolism
- Ventilator-associated pneumonia
- Surgical site infections
- Catheter-associated urinary tract infection

Report from Healthcare Outcomes Center (HOC): Joseph Parker, PhD, Director of Center

- California Coronary Artery Bypass Graft Surgery (CABG) Reporting Program
    - CABG report released on January 9, 2008
    - Report included only hospital level results and mortality rates
    - The media coverage following the report has focused on the need for hospitals to review their healthcare practices pursuant to improving their results
- Community Acquired Pneumonia (CAP) report
    - The new community acquired pneumonia report is nearing completion
    - The 60-day hospital review period has been completed and nine letters have been received and responded to
    - The report will include 2005 data on approximately 350 hospitals
    - Target release date is early February
- Maternal Outcomes report
    - The report will include 2004 through 2006 data
    - Target release date is late Summer
- Agency for Healthcare Research and Quality (AHRQ) Volume and Utilization Indicators
    - The utilization indicators are those for which there is evidence of either over-utilization or under-utilization at hospitals
    - The volume indicators are counts of procedures that are done at hospitals
    - 2006 data available on the OSHPD website
- Congestive Heart Failure (CHF) report
    - CMS currently has a risk adjusted mortality report for CHF which OSHPD is studying
    - Model for CHF will be presented to the TAC at the April meeting
- Abdominal Aortic Aneurysm Repair report
    - Preliminary risk-adjustment model presented to the Technical Advisory Committee (TAC) and feedback was requested
    - Risk-adjustment model will be presented to the TAC
- Patient Data validation contract
    - The main focus of the study is the present on admission indicator and secondly, to evaluate coding do not resuscitate (DNR)
    - The present on admission indicator has received a lot of attention with interest as to whether it can be used in risk adjustment
    - The whole project should be completed by the end of the summer

Presentation of Health Workforce Development Division's Fact Book: Dorian Rodriguez, Research Program Specialist I

Research Program Specialist Dorian Rodriguez presented the Health Workforce Development Division's Fact Book which highlights health workforce issues in California. The Fact Book is in draft form and the target release is Spring 2008 with updates every two years.

The goal of the Fact Book is to provide useful, objective information and resources for OSHPD's workforce development partners, departments, associations, and students entering the healthcare workforce in California.

Future Meeting Date: The next meeting will be held on August 22, 2008 in Sacramento.

Adjournment: The meeting adjourned at 12:50 p.m.

Pending:

1. Presentation of summary of all suggestions that have been received regarding the data element definitions by Manager Ledbetter.

2. Chairperson Fine stated that there is another Federal document that will be required that may supersede some of these data elements and asked if there was any additional information on that document. Deputy Director Rodrian stated that staff would follow-up on that question.